THE	DIVISION OF HEA	alth of Missour	RI .	14415
STAI	NDARD CERTIF	ICATE OF DEAT	TH State File I	
FILFN APR 26 1955	211-	_	2 15	1/0
BIRTH NO REG. DI	ST. NO. 70			No
		2. USUAL RESIDE	NCE (Where deceased lived. I	if institution: residence before
a. COUNTY Stoddard		SIAIE Missou	ri B. COUNTY	Stoddard
b. CITY (If outside corpurate limits, write RURAL and gi	c. LENGTH OF	c. CITY (If outside corpo	rate limits, write RURAL and give	township?
тойн Dexter	respip) SIAT (in the place)		ter	/د ،
d. FULL NAME OF (If not in bospital or institution, giv	e street address or location)	d. STREET	(If rural, give location)	100/2
HOSPITAL OR Public Street		ADDRESS 122	So. Mulberry	. •
	b. (Middle)	c. (Last)		th) (Day) (Year)
	Rangom	Thomas	OF	
		A DATE OF BIRTH		THORE I YEAR F SHOER IS HES.
Mode Windto Windw	ED, DIVORCED (Bredity)	Mar 16 70		Days Hours Min.
	OF PHEINESS OF IN	AL DIDTUR ACE		/ Las constants
done during most of working life, even if retired)	DUSTRY	i i i i i i i i i i i i i i i i i i i		COUNTRY!
Electrician		·		
_			14. NAME OF HUSBAND OR	WIFE
			• • • • • • • • • • • • • • • • • • • •	ADDRESS
no	552-26-0462	Dora Nicho	ols, Dexter,	Mo.
18. CAUSE OF DEATH		ERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Enteronly one cause per I. DISEASE OR CONDITION DIRECTLY LEADING TO DEA	THE WEST	e Negocarde	althfareteer	U 10 minutes
2				
"Tail does not mean!				
as heart failure, authenia, rise to the above cause (a) stating				
	DUE TO (c)	· V	en ete eta eta eta eta eta eta eta eta eta	•
			0 0 00	
				20. AUTOPSY?
TION 1981 MAJOR PIROTINGS OF	OFERRIOR ,	. !	4201	YES NO 🝱
and a company to the second se	OF IN HIDY (to)	21. (CITY TOWN OF T	OWNSHIP (COUNT	
SUICIDE home, farm, fa		210. (617), 10111, 011		.,
	IN THE CONTROL	ALL HOW DID IN HIDY (>>>102	· · · · · · · · · · · · · · · · · · ·
Zid. TiME (Mosth) (Day) (Year) (Hour) Zi OF W	HILEATITH NOT WHILE	ZIT. HOW DID INDURT	ACOR!	
INJURY	WORK L AT WORK	<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
22. I hereby certify that I attended the decease	ea from	195, to	<i>19=</i> Indi .	I last saw the deceased
alive on Cerul 8, 1955, and th	at death occurred at	riuu_Im, from the	causes and on the date	stated above.
21 SIGNATURE	(Degree or title)		0 10 01	23c. DATE SIGNED
Kohert Curella	Low	1 vopen 12	with mis	1 4/18/55
24a. BURIAL. CREMA- 24b. DATE	24c. NAME OF CEMETER	Y OR CREMATORY . 2	4d. LOCATION (Oity, town, or	(State)
Tion Burial 4-17-55	Stevenson	F	R.F.D. #3. De:	xter, Mo.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		25. FUNERAL DIRECT		ADDRESS .
14 30 5 SEG.)\Q\\\\ Q\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		l-Rainey De	xter, Mo.
1-47 da - Carrer C	<u> </u>	<u> </u>		
	STAI FILED APR 26 1955 BIRTH NO. 1. PLACE OF DEATH a. COUNTY Stoddard b. CITY (If outside corporate limits, write RURAL and grown Dexter d. FULL NAME OF (If not in bespital or institution, gly HOSPITAL OR INSTITUTION Public Street 3. NAME OF DECEASED a. (First) DECEASED (Type or Print) William 5. SEX 0 6. COLOR OR RACE (WIDOW MARK) Male (White) 10a. USUAL OCCUPATION (Olive kind of work does during most of working Illa, even if retired) Electrician 13a. FATHER'S NAME (William R. Thomas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes, rive war or dates of service) (Propose of unknown) (If yes, rive war or dates of service) (In means the state as heart failure, asthemia, ste. It means the state case, injury, or complication which caused death. 19a. DATE OF OPERATION (Day) (Year) (Hour) (Propose of United Conditions, if any, give the underlying cause last. 19a. DATE OF OPERATION (Day) (Year) (Hour) (Propose of United Conditions) (Propose of United	STANDARD CERTIF SIRTH NO. SIRTH NO. STANDARD CERTIF REG. DIST. NO. 34D STAY (in this place) C. LENGTH OF township) STAY (in this place) TOWN DEXTER d. FULL NAME OF (if not in beeplad or institution, give street address or location) INSTITUTION Public Street 3. NAME OF DECEASED (Type or Print) William Ransom 5. SEX 0 6. COLOR OR RACE Male White 10a. USUAL OCCUPATION (Citra kind of work does during mose of working lile, even if recircal Electrician 13a. Father's NAME William R. Thomas Mattie Niche William R. Thomas Mattie Niche 15. WAS DECEASED EVER IN U.S. ARMED FORCES! (18. SOCIAL SECURITY (Yes. no. or unknown) (If yes, sirve war or dates of service) 15. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c) *This does not means the discar, injury, or compileation to the chart follower, as heart failure, asthemia, de. It means the discar, injury, or compileation to the chart bout not related to the disease or condition counting death. 19a. DATE OF OPERA. Tion 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT (Speedty) (Power of the death but not related to the disease or condition counting death. 19b. MAJOR FINDINGS OF OPERATION 21c. Investo, compileation of the death but not related to the disease or condition counting death. 19b. MAJOR FINDINGS OF OPERATION 21c. Investo, compileation of the death but not related to the disease of condition counting death. 21c. Thereby certify that I attended the deceased from the course of the counting death. 22a. SIGNATURE (Degree of the counting of the death occurred at the county of the counting	STANDARD CERTIFICATE OF DEAT BIRTH NO. REG. DIST. NO. 3 PRIMARY REG.	PRIMARY RG. DIST. NO. COLOR OF DEATH 1. PLACE OF DEATH 2. CUNTY Stoddard 2. USUAL RESIDENCE (Where decreased liver) 5. COUNTY Stoddard 2. USUAL RESIDENCE (Where decreased liver) 5. COUNTY (If outside corporate limits, write BURAL and give coverable) 2. USUAL RESIDENCE (Where decreased liver) 5. COUNTY (If outside corporate limits, write BURAL and give coverable) 2. CLENGTH OF ON DEXTER 2. CLENGTH OF ON DEXTER 3. FAITE MISSOURI 2. CLENGTH OF ON DEXTER 3. FAITE MISSOURI 3. STATE MISSOURI 4. DATE (More DEPOCAL AND

I hereby certify that the body whose name is r	ecorded on the reverse side of this	certificate was embalmed by	y_ me_ or by
I hereby certify that the body whose name is r	Rause	Student Embalmer No.	508
corking under my personal supervision.		/	

Licensed Embalmer No. Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

If this body is not embalmed, fact should be so stated above.

the above constitutes grounds for revocation of license.)